

SERFF Tracking Number: ELCC-126518729 State: Arkansas  
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 45048  
Company Tracking Number: LTC RESC  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: 2009 LTC Rescission Report  
Project Name/Number: 2009 LTC Rescission Report/2009 LTC Rescission Report

## Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: 2009 LTC Rescission Report SERFF Tr Num: ELCC-126518729 State: Arkansas  
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed State Tr Num: 45048  
Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTC RESC State Status: Closed  
Filing Type: Form Reviewer(s): Harris Shearer  
Authors: Mark Banks, Kathy Foster, Disposition Date: 04/01/2010  
John Neville  
Date Submitted: 02/25/2010 Disposition Status: Filed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: 2009 LTC Rescission Report Status of Filing in Domicile: Pending  
Project Number: 2009 LTC Rescission Report Date Approved in Domicile:  
Requested Filing Mode: Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 04/01/2010 Explanation for Other Group Market Type:  
State Status Changed: 04/01/2010  
Deemer Date: Created By: Kathy Foster  
Submitted By: Kathy Foster Corresponding Filing Tracking Number:  
Filing Description:  
Attached for your review is Equitable Life and Casualty Insurance Company's 2009 Long Term Care Rescission report, due March 1, 2010

## Company and Contact

### Filing Contact Information

Kathy Foster, Regulatory Compliance Analyst Kathy.Foster@Equilife.com  
Equitable Life & Casualty Insurance Company 801-579-3468 [Phone]  
3 Triad Center 801-579-3471 [FAX]  
Suite 200

SERFF Tracking Number: ELCC-126518729 State: Arkansas  
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 45048  
Company Tracking Number: LTC RESC  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: 2009 LTC Rescission Report  
Project Name/Number: 2009 LTC Rescission Report/2009 LTC Rescission Report

Salt Lake City, UT 84180

### Filing Company Information

Equitable Life & Casualty Insurance Company CoCode: 62952 State of Domicile: Utah  
3 Triad Center Group Code: -99 Company Type: Life and Health  
Suite 200 Group Name: State ID Number:  
Salt Lake City, UT 84180 FEIN Number: 87-0129771  
(801) 579-3400 ext. [Phone]

-----

### Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: 1 form  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$50.00	02/25/2010	34454384

*SERFF Tracking Number:*      *ELCC-126518729*      *State:*      *Arkansas*  
*Filing Company:*      *Equitable Life & Casualty Insurance Company*      *State Tracking Number:*      *45048*  
*Company Tracking Number:*      *LTC RESC*  
*TOI:*      *LTC03I Individual Long Term Care*      *Sub-TOI:*      *LTC03I.001 Qualified*  
*Product Name:*      *2009 LTC Rescission Report*  
*Project Name/Number:*      *2009 LTC Rescission Report/2009 LTC Rescission Report*

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Harris Shearer	04/01/2010	04/01/2010

*SERFF Tracking Number:*      *ELCC-126518729*                      *State:*                      *Arkansas*  
*Filing Company:*              *Equitable Life & Casualty Insurance Company*      *State Tracking Number:*      *45048*  
*Company Tracking Number:*      *LTC RESC*  
*TOI:*                      *LTC03I Individual Long Term Care*                      *Sub-TOI:*                      *LTC03I.001 Qualified*  
*Product Name:*                      *2009 LTC Rescission Report*  
*Project Name/Number:*              *2009 LTC Rescission Report/2009 LTC Rescission Report*

## **Disposition**

Disposition Date: 04/01/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ELCC-126518729	State:	Arkansas
Filing Company:	Equitable Life & Casualty Insurance Company	State Tracking Number:	45048
Company Tracking Number:	LTC RESC		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	2009 LTC Rescission Report		
Project Name/Number:	2009 LTC Rescission Report/2009 LTC Rescission Report		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	LTC Rescission Report		Yes

SERFF Tracking Number: ELCC-126518729 State: Arkansas  
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 45048  
Company Tracking Number: LTC RESC  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: 2009 LTC Rescission Report  
Project Name/Number: 2009 LTC Rescission Report/2009 LTC Rescission Report

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> LTC Rescission Report		
<b>Comments:</b>		
<b>Attachment:</b>		
'09 LTCI RESCISSION REPORT AR.pdf		

**RESCISSION REPORTING FORM FOR  
LONG-TERM CARE POLICIES  
FOR THE STATE OF \_\_\_\_\_  
FOR THE REPORTING YEAR 2009**

Company Name: Equitable Life & Casualty Insurance Company

Address: 3 Triad Center

Salt Lake City, UT 84180-1200

Phone Number: 1-800-352-5150

Due: March 1 annually

**Instructions:**

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy and Certificate #	Name of Insured	Date of Policy Issuance	Date/s Claim/s Submitted	Date of Rescission
NONE					

Detailed reason for rescission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
\_\_\_\_\_  
Signature

Kendall R. Surfass, Vice President, Secretary and General Counsel  
Name and Title (please type)

February 24, 2010  
Date